

# **TSE RISK ASSESSMENT**

## **FOR STARTING MATERIALS USED DURING, OR IN, THE MANUFACTURE OF VACCINES FOR HUMAN USE**

### **A consultant's view of the commercial approach**

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# **THE HAZARD**

**The agent that causes BSE  
(Bovine spongiform Encephalopathy)  
In  
Starting materials  
used in, or during, the manufacture of  
vaccines for human use**

# **METHODS OF ASSESSING THE RISK IN PRACTICE**

**Primarily and fundamentally:**

## **1. ASSESSMENT OF THE TSE RISK IN SOURCE MATERIALS**

**(Adopted by the author)**

## **2. GEOGRAPHY (Assessment of the BSE risk in the country of origin)**

# AIMS AND OBJECTIVES

**To demonstrate and confirm that:**

**The TSE safety of vaccines prepared for human use is most securely determined by a broad process of TSE risk assessment of the animal materials used in the course of manufacture, rather than on their geographical origin only**

# **FACTORS DETERMINING TSE RISK IN BIOLOGICALS**

**Source**  
**Process**  
**Use**

# TSE RISK ANALYSIS - FACTORS

Higher  
influence



Lower  
influence

## SOURCE

Species,  
tissue,  
geographical origin

## PROCESS

Important for collection procedures,  
Gelatin and tallow derivatives

## Use

Dose, regime and route are fixed therefore:  
no flexibility – no further discussion

# **BASIS FOR THE RISK ANALYSIS**

**Identify the original source of the material**

**Determine the TSE risk *in source material***

**Assess the impact of processing**

# VACCINE SAFETY

**Only when a TSE risk assessment for all starting materials is complete can an effective risk management strategy be developed**

**All ingredients of starting materials must be traced back to the species and tissues of origin before a TSE risk assessment can be initiated**

**Relatively easy: *e.g.*, blood and blood products**

**More difficult: *e.g.*, gelatin and tallow derivatives**



# REVISED CPMP NOTE FOR GUIDANCE

(EMEA/410/01 rev2) Implemented in the EU from 1 July 2004

Based on new WHO guidelines (Feb 2003) based in turn upon bioassay and /or presence of PrP-res in natural TSE and experimental BSE

## CATEGORY A

High infectivity tissues e.g. CNS and tissues anatomically associated with CNS *e.g.* brain, eye

## CATEGORY B

Lower infectivity peripheral tissues, PrP-res or bioassay positive in at least one natural form of TSE or experimental BSE *e.g.* nerve, blood

## CATEGORY C

Bioassayed tissues with no detectable infectivity and/or PrP-res negative *e.g.* milk, skeletal muscle

# STARTING MATERIALS, WHO/CPMP RISK CATEGORY AND SPECIES/TISSUE SOURCE

WHO/CPMP RISK CATEGORY	STARTING MATERIAL	SPECIES/TISSUE SOURCE
C	Beef heart bovine	Heart
C	Bovine meat extract	Skeletal muscle
B	Haemoglobin	Bovine blood*
B	Haematin	Bovine blood*
B	Donor calf serum	Blood* (live cattle)
C?	Fetal calf serum	Blood* (killed fetuses)
B	<i>Sheep blood</i>	Blood** (live sheep)
C	Skimmed milk	Milk (live cattle)
C	Casein/Casein peptone/ Casamino acids/Lactose/Lactalbumin hydrolysate/Galactose/Hycase/ Casein hydrolysate	Milk (live cattle)

\* PrP-res and i/c bioassay negative

\*\* Transfusion bioassay positive

# NO DETECTABLE INFECTIVITY (NDI) IN BOVINE BLOOD

Tissue	Natural BSE in cattle		Experimental BSE in cattle	
	Tested in cattle	Tested in mice	Tested in cattle	Tested in mice
Blood clot		NDI		
Serum		NDI		
Buffy coat		NDI	NDI*	NDI
Fetal calf blood		NDI		
Spleen	NDI	NDI		NDI
Lymph nodes	NDI	NDI		NDI
Bone marrow		NDI	NDI (Still in progress)**	NDI (during incubation)

\* From 32 months incubating donor cattle, 7.5 years after challenge of recipient cattle.

At earlier stages of incubation buffy coat still shows NDI > 5 years after challenge. Experiments still in progress

\*\* GAH Wells and SAC Hawkins, personal communication

# CELL LINES BANKS AND SEEDS

# **CELL LINES, BANKS AND SEEDS**

**Cell banks and seeds do not contain any bovine or ovine material for which TSE infectivity has been demonstrated**

**Cell lines used are not from neural or lymphatic tissues or cells**

**No cell line used has been shown to replicate any naturally occurring TSE agent (more study needed?)**

**Epidemiological study of humans and animals vaccinated using commercially prepared vaccines shows no evidence for a vaccination-associated increase in TSE incidence**

# FACTORS DETERMINING TSE RISK IN BIOLOGICALS

Source

Process

Use

# **PROCESS**

**TSE risk assessment of source materials used to make starting materials requires knowledge of:**

**Specification of the source animal and herd health status**

**Method of stunning and veterinary inspections if appropriate**

**Method of tissue collection**

**Processing details and any TSE infectivity clearance factors**

**Dilution or concentration factors**

**In regard to vaccine manufacture:**

**Processing details and any TSE infectivity clearance factors**

**Dilution or concentration factors**

# **HOWEVER, NEW RESEARCH HAS ALSO REVEALED:**

**Some brain-penetrative methods of stunning or pithing create  
brain emboli and dissemination** *Garland et al 1996a,b, Anil et al 1999, 2001, 2002*

**Even conventional captive bolt stunning may induce  
widespread and significant dissemination of brain material  
in beef carcasses** *Prendergast et al 2004*

**No research has been reported on the effect of non-  
penetrative stunning on the dissemination of brain tissue**

**But in the EU all brains from slaughter cattle over 30 months old are ‘Rapid’  
tested for PrP-res and if positive all carcasses and other parts are destroyed**



# PROCESS

**Other factors**

**TSE infectivity clearance factors  
and dilution are important, but  
should not be relied upon as the  
sole safety criteria**

# **RISK REDUCTION DURING PROCESSING**

**Avoid adulteration or cross-contamination**

**Develop quality Assurance**

**Document process and materials used fully**

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**Applies during the collection & processing of source materials, the manufacture of starting materials and during vaccine production**

# **OTHER WAYS TO REDUCE RISK**

**Where possible avoid the use of tissues:**

- **From animals**
- **From ruminant animals**
- **Of unknown/uncertain provenance**

**Always avoid tissues:**

- **Known to be a risk**
- **Inappropriately collected**
- **Ineffectively processed**

# **FUTURE DEVELOPMENTS**

**Continue global programme away from materials of animal origin**

**Regularly review recommendations in the light of new knowledge**

**Ensure that precautions are in proportion to risk**

# CHANGES OVER TIME

**The real risk in a source or starting material has not changed**

**There have been changes in knowledge**

**There have been changes in legislation/guidance**

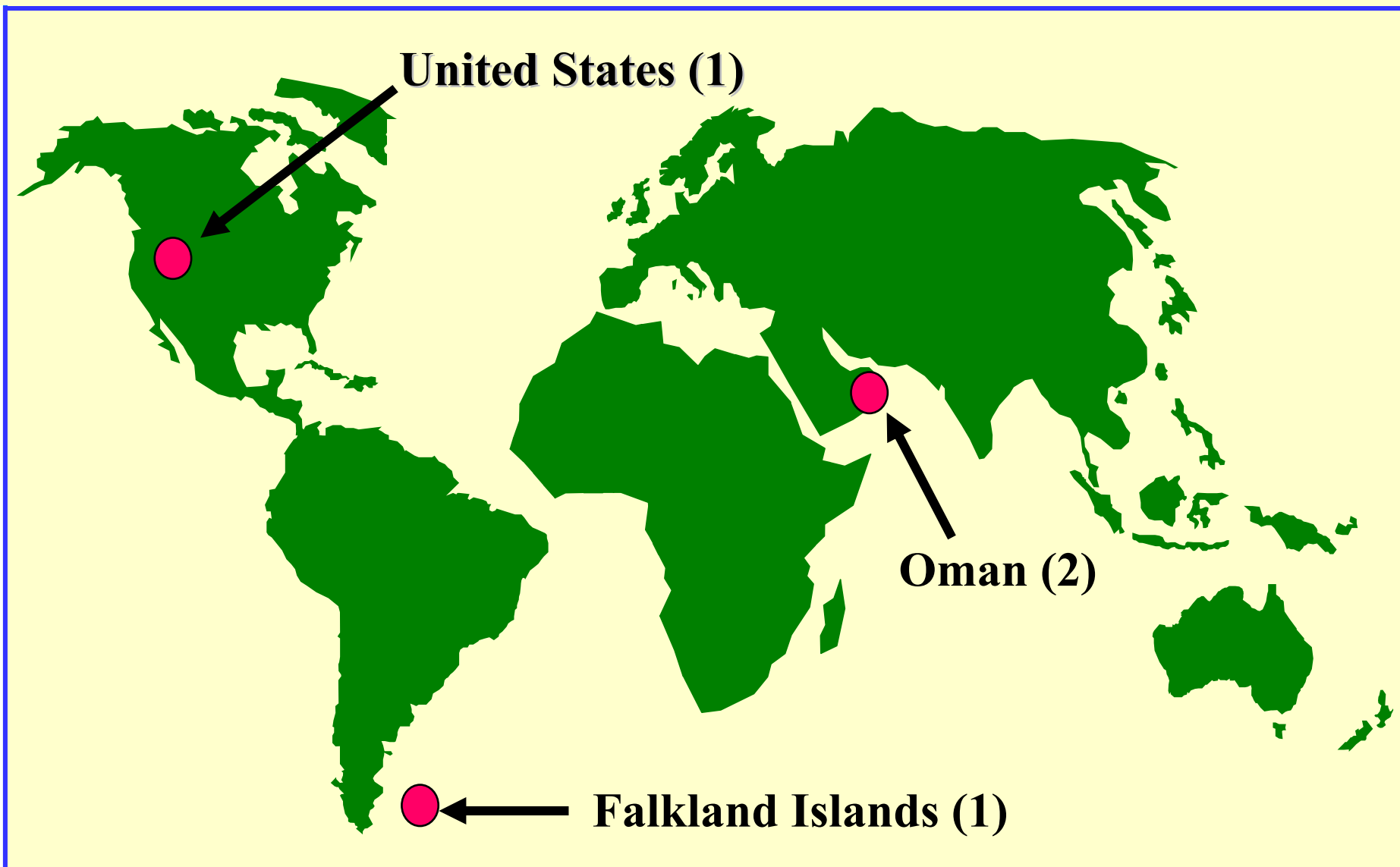
**But neither of these changes has in practice required the risk assessment to be changed (This would have been different if geography had been used as the main criterion for safe sourcing)**

# **RESULT OF THE RISK ANALYSIS**

**The assessment of TSE risk in the  
Starting Materials of ruminant origin  
that are used for the manufacture of  
vaccines has revealed no evidence for a  
degree of risk that is higher than negligible**

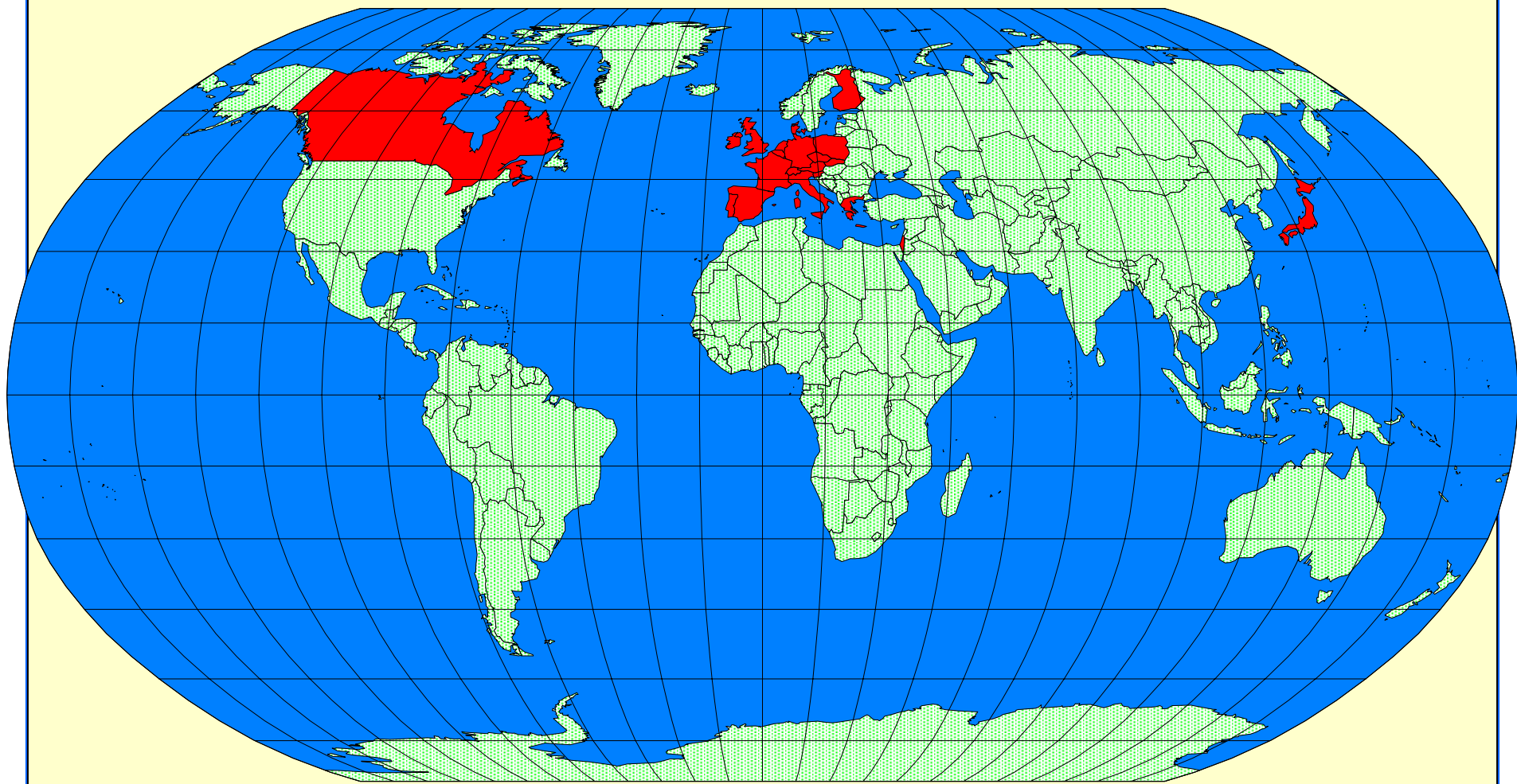
# GEOGRAPHY

# **BSE IN IMPORTED CATTLE ONLY** (Number of cases)





# BSE 2004

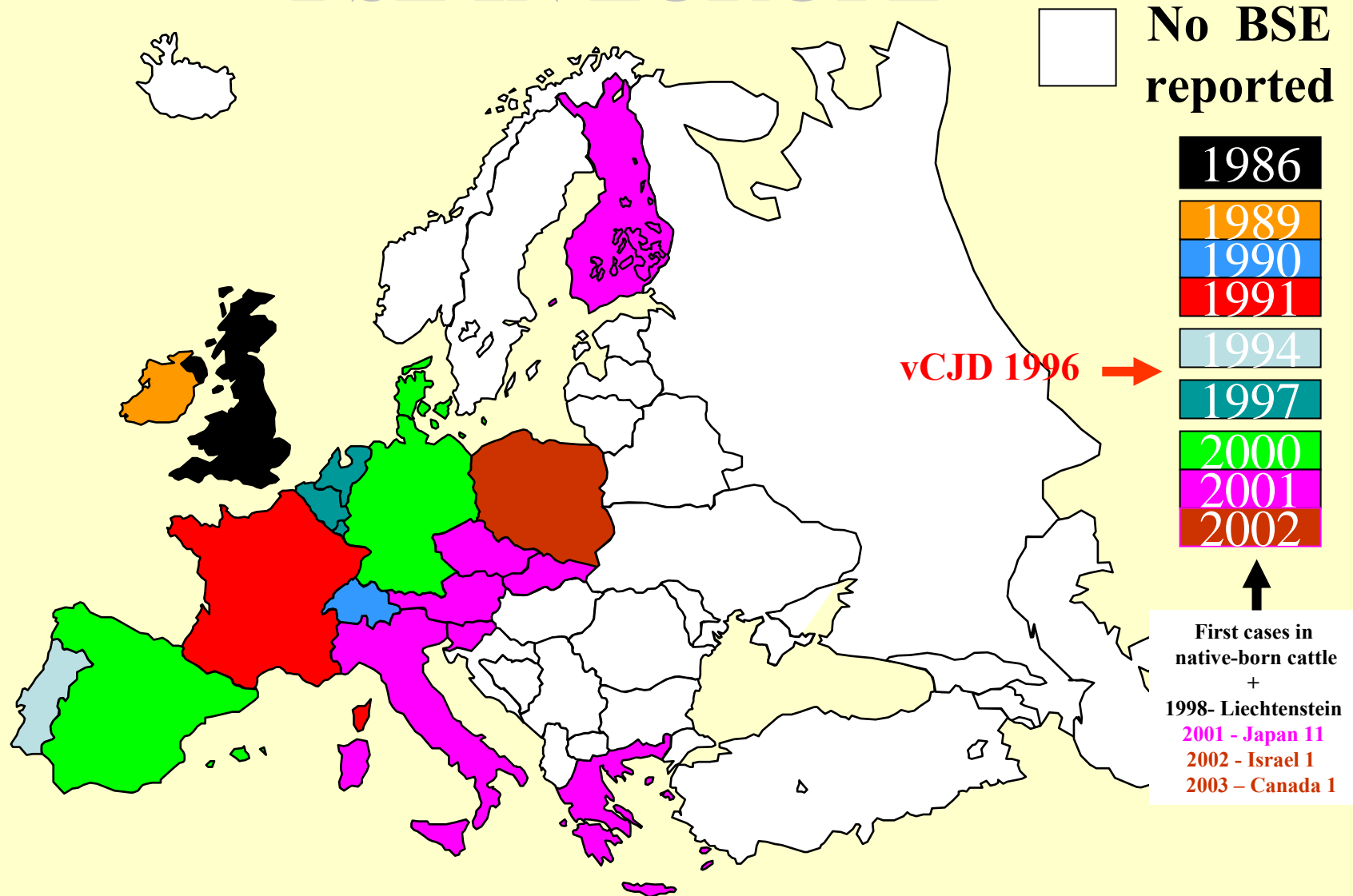


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25

# BSE IN EUROPE



**WHO/FAO/OIE**  
**TECHNICAL CONSULTATION ON BSE**  
**PARIS 11-14 JUNE 2001**

**“Materials potentially infected with BSE  
have been distributed  
throughout the world  
through trade in cattle and  
certain cattle products and  
by-products. These products include  
rendered animal proteins and  
compound animal feed  
containing meat-and bone-meal”**

# **ORIGINS OF BSE**

## **From exogenous sources**

- **import of infected cattle**
- **import of infected feed (MBM)**

## **From endogenous sources**

- **genesis of TSE in cattle from any species, and recycling *via* MBM**

**The precise geographical destination of cattle and mammalian MBM exported from countries with BSE is uncertain thus, the analysis of the risk of TSE infectivity by type of tissue is of fundamental importance**

## **COUNTRIES THAT HAVE REPORTED BSE IN NATIVE-BORN CATTLE SINCE 2000 FOR THE FIRST TIME**

**2000 Denmark, Germany, Spain**

**2001 Austria, Czech Republic, Finland, Italy,  
Greece, Japan, Slovakia, Slovenia, Japan**

**2002 Israel, Poland**

**2003 Canada**

**2004 onwards ???**

**This increases the risk of BSE in further countries if any of the  
above countries have exported BSE-infected cattle, feed, MBM,  
cattle by-products or processed animal protein**

**CONCLUSION: The BSE risk analysis for these countries has  
not altered, but the actual risk is now a reality**

# **NEW REGIONS, CONTINENTS AND COUNTRIES WITH BSE**

**2002 Middle East – Israel, 1 case**

**2001 Asia – Japan, 11 cases**

**2003 North America – Canada, 1+1 case**

**(UK – 183,496 cases, Rest of Europe 4,278 cases)**

May 2004

# **BSE - GEOGRAPHICAL RISKS**

**Should not be the primary/only determinant of BSE risk because:**

- **No country has a zero risk**
- **The distribution of BSE in the world is dynamic and currently uncertain due to inconsistency of worldwide surveillance**
- **There is incomplete agreement between different agencies on the countries at risk or not at risk**
- **When BSE is reported in a native-born animal the exposure, on average, would have been 5 years earlier**
- **A low clinical case rate is not necessarily consistent with a low infection rate and is unknown in the absence of active surveillance**

# **TISSUE RISKS AND GEOGRAPHICAL RISK ASSESSMENTS**

## **Tissue infectivity risks:**

- **Are constant but our knowledge of them changes, usually slowly, and the changes reinforce previous knowledge**

## **Geographical risk assessments:**

- **Are dynamic, changes occur rapidly ('overnight') but they enable risk management procedures to be adopted in advance**



# CONSEQUENCES

**If geography has been used as a primary criterion for the assessment of TSE risk in source/starting materials it does not mean that vaccines prepared prior to a time when BSE has been discovered in a source country, have a TSE risk. However risk reassessment is advisable for all source/starting materials that are not in WHO Category C and targeted active surveillance for BSE should be undertaken**

# CONCLUSIONS

**Vaccination is the most effective way of protecting humans and animals from many infectious diseases**

**Safety of starting materials is paramount**

**Geography should not be the primary factor in deciding the BSE risk or vaccine safety**

**Rather, determine the generic BSE risk in source/starting materials and**

**Ensure a risk analysis for all starting materials is completed and regularly reviewed**

**FINALLY**

**International agreement should be achieved**

**Where possible:**

**Eliminate animal/ruminant materials in vaccines**

**In the meantime:**

**Further develop the global approach to safety**

**Continue risk/benefit analysis since a zero  
risk cannot be proved**

# THE MESSAGE

Selecting starting materials on the basis of the inherent TSE risk in the tissues of origin is an essential primary criterion

The geographical origin of the host animal may be of value as secondary criterion for TSE safety of starting materials

All countries used as a source of ruminant materials for vaccines with a GBR > I (Highly unlikely) must conduct active surveillance

**The author thanks the organisers for their invitation,  
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Mr Stuart Woods  
for helpful collaboration over the years**

**FIN**



# BACKUPS

# **RISK ANALYSIS**

**The TSE safety of the final product,  
in regard to TSE risks, is largely and  
reliably determined by the safety of  
the tissue source/starting material**



# TSE RISK ANALYSIS - FACTORS

SOURCE	Species, tissue, geographical origin
PROCESS	Important for collection procedures, gelatin and tallow derivatives
Use	Dose, regime and route are fixed

Higher  
Influence  
↓  
Lower

*Note the following historical aspects:*

- Temporal changes in risk (e.g. geographical)
- New research information
- New reports (WHO) and legislation
- The knowledge of the provenance of starting materials has improved over time

# Comments on sourcing starting materials 1

In regard to the TSE risk in starting materials, it is more important to base judgements on the inherent **TSE risk in the tissues of origin** than the geographic country of origin of the host animal from which the tissues are derived,

**BECAUSE:-**

# Comments on sourcing starting materials 2

There are disadvantages in using criteria based upon the **geographic country of origin**. These include:

- No country has a zero risk
- The distribution of BSE in the world is dynamic and currently uncertain due to inconsistency of worldwide surveillance
- There is incomplete agreement between different agencies on the countries at risk or not at risk
- When BSE is reported in a native-born animal the exposure, on average, would have been 5 years earlier
- A low clinical case rate is not necessarily consistent with a low infection rate and is unknown in the absence of active surveillance

# Comments on sourcing starting materials 3

There are advantages in using criteria based upon the inherent **TSE risk in the tissues of origin** as these are:

- Independent of geography
- Based on a worst scenario situation
- Based on knowledge from research and practical experience

# STARTING MATERIALS

## **A Starting Material**

**Is any tissue, substance or compound derived in whole or in part from an animal (including man) whether processed or not and used during vaccine manufacture *e.g.*, amino acids**

## **Distinguish Source Materials:**

**Tissues taken directly from a live animal (*e.g.*, blood, milk)**

# STARTING MATERIALS

**May be used to prepare:** Active substances, excipients, adjuvants, reagents and materials used in production and control

**May be used at any stage of production:**  
From seed/cell bank preparation, during fermentation, cell culture and virus propagation to purification and formulation

# **ASSESSMENT OF TSE RISK**

## **BY SPECIES OF ORIGIN OF INGREDIENTS OF STARTING MATERIALS**

**From a knowledge of the natural occurrence  
of TSE in a species or results of experimental  
challenge in the **species** supplying ingredients  
for starting materials**

***e.g., Man, cattle, sheep, goats***

**the basis of a TSE risk can be established**

# **CATEGORIES OF INFECTIVITY IN BOVINE TISSUES AND BODY FLUID**

(Based on relative scrapie infectivity of tissues and body fluids from naturally infected goats and Suffolk sheep with clinical scrapie (WHO Report - Consultation 24-26 March 1997, p12))

## **CATEGORY**

## **TISSUE**

**I - High infectivity**

**Brain, spinal cord, (eye)\***

**II - Medium infectivity**

**Spleen, tonsil, lymph nodes, ileum, proximal colon, cerebrospinal fluid, pituitary gland, adrenal gland, (*dura mater*, pineal gland, placenta, distal colon)**

**III - Low infectivity**

**Peripheral nerves, nasal mucosa, thymus, bone marrow, liver, lung, pancreas**

**IV - No detectable infectivity**

**Skeletal muscle, heart, mammary gland, milk, blood clot, serum, faeces, kidney, thyroid, salivary gland, saliva, ovary, uterus, seminal testis, fetal tissue, (colostrum, bile, bone, cartilaginous and connective tissue, hair, skin and urine)**

**Superseded 1 July 2004  
Previous risk assessments not invalid**

\* Tissues in brackets were not titrated in the original studies but relative infectivity is indicated by other data on TSE



# EXAMPLES OF CURRENT CHANGES MADE

## Amino acids:

**Historically derived from bovine bone gelatin**

(the provenance of gelatin has been improved over time)

**Now derived from non-animal material**

## Glycerol, polysorbates and fatty acids:

**Historically sourced from mixed species tallow**

(the provenance of tallow has been improved over time)

**Now derived from non-animal material**

# **RISK REDUCTION AT SOURCE**

**Blood (and milk) can be collected from live donor cattle (Avoids abattoir contamination risks)**

**Use of closed, closely supervised, SPF herds (Reduces risk from TSE and other infectious agents too)**

**Quarantine of fetal calf serum and bovine donor serum for  $\geq 5$  years prior to use (Further reduces risk from exposures unforeseen at time of collection)**

**Collection from cattle that have passed a 'Rapid' test or from cattle in countries monitored to exclude BSE**

**EXAMPLES OF STARTING MATERIALS  
USED FOR VACCINE PRODUCTION,  
THEIR SPECIES/TISSUE SOURCE AND  
THE WHO/CPMP RISK CATEGORY**

# **NO DETECTABLE INFECTIVITY IN BOVINE BLOOD**

## **Experimental BSE in cattle**

No detectable infectivity found by bioassay in **mice** in:

**Buffy Coat   Spleen   Lymph nodes** at any time

**Bone marrow** (during the incubation period)

No detectable infectivity found by bioassay in **cattle** in:

**Buffy coat** (>5 years post-challenge)

# SEQUENCE OF FIRST REPORT OF BSE IN NATIVE-BORN CATTLE

1986 UK

1989 Ireland

1990 Portugal, Switzerland

1991 France

← vCJD first reported 20 Mar 1996

1997 Belgium, Luxembourg, Netherlands

1998 Liechtenstein

2000 Denmark, Germany, Spain

2001 Austria, Czech Republic, Finland, Greece, Italy, Japan, Slovakia,  
Slovenia

2002 Israel, Poland

2003 Canada

# CONSEQUENCES OF BSE OCCURRENCE IN 2000 - 2004 FOR THE EU AND OTHER COUNTRIES

Other countries?

European Union ?

